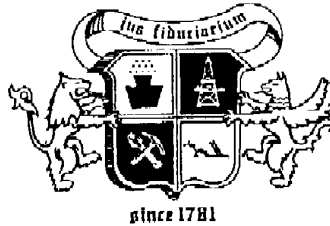


Board Members:
Chairman
Lillian F. Veres
Vice Chairman
Kevin W. Camerson
Board Members
Phyllis J. Zaccarino
Thomas A. Casciola
Michael T Debbis



Township Manager:
Donald A. Gennuso

(724) 745- 2227
(724) 221-4119
Fax (724) 745-2905
Web: www.ceciltownship-pa.gov

Cecil Township

Washington County – Commonwealth of Pennsylvania
3599 Millers Run Road, Suite 101, Cecil, PA 15321

APPLICATION FOR OCCUPANCY

FEES • \$10.00 New Construction / Owner • \$10.00 New Commercial Tenant • \$3.00 Residential Tenant
Make checks payable to the Cecil Township Supervisors

Building Permit No. _____ **Lot Number:** _____ **Parcel ID.** _____

☐ New Residential ☐ New Commercial ☐ Change of Owner ☐ New Tenant

Name of Applicant: _____ **Phone:** _____
(PERSON APPLYING FOR OCCUPANCY) (APPLICANT CAN BE REACHED)

Previous Occupant: _____ **Date Vacated:** _____
(IF APPLICABLE)

Zoning Dist: _____ **Description:** ☐ Single Family ☐ Duplex ☐ Town Home/Apartments

☐ Commercial: **Description:** _____

Please complete following information for structure to be occupied

Name of Occupant: _____ **Phone:** _____

Street Address: _____ **PO Box/Suite:** _____
(If applicable)

City: _____ **State:** _____ **Zip:** _____

Date of Occupancy _____ **Total Occupants:** _____ **No. 18 years and older:** _____

Please complete the following if owner is different from above

Name of Owner: _____ **Phone:** _____

Street Address: _____ **PO Box/Suite:** _____
(If applicable)

City: _____ **State:** _____ **Zip:** _____

SIGNATURE OF BLDG. OWNER: _____ **DATE:** _____

FOR TOWNSHIP USE ONLY

Date Received: _____ **Fee Paid:** _____ **Receipt No.** _____

Building Inspector: _____ **Date:** _____

Zoning Officer: _____ **Date:** _____